

**TABLE 1—Cesarean Section Rates (per 100 deliveries) for Non-federal Short-stay Hospitals by Region of Residence, Mother's Age, and Hospital Size and Ownership, United States, 1985**

	United States	Region of Residence			
		Northeast	Midwest	South	West
Total	22.7	22.8	22.0	23.5	22.4
Age of Mother (years)					
< 20	16.1	15.5	18.5	16.0	14.0
20–24	21.2	20.7	20.4	22.6	20.1
25–29	22.9	23.2	22.3	23.4	22.6
30–34	26.6	24.8	23.2	30.7	26.7
35 ≥	30.7	30.9	31.2	30.6	30.2
Hospital Size (beds)					
< 100	18.1	21.3	18.6	15.9	19.0
100–499	23.3	22.2	21.9	24.6	23.6
500 ≥	23.9	24.9	23.1	24.7	21.8
Hospital Ownership					
Proprietary	21.6	21.3	21.4	23.2	20.4
Government	21.0	20.3	22.1	21.1	20.8
Voluntary nonprofit	23.5	23.0	22.1	24.9	23.6

are repeat cesareans and VBACs. Still, about 65 per cent of all cesareans are primary cesareans, and no new medical guidelines appear to have surfaced to affect that component of the cesarean rate.

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### Economic Development, Political-Economic System and PQL

The study of Cereseto and Waitzkin on the relationship between economic-political systems and the physical quality of life is an interesting investigation, especially in light of the fact that health care is increasingly becoming a global issue. Altering the classification used may either improve the results and/or alter their conclusion that “in the less developed countries, the differences in PQL between the capitalist and socialist systems are profound.”<sup>1</sup>

Grouping countries into capitalist and socialist blocks based on whether they are market or centrally planned economies is misleading and inadequate for measuring the economic impact on quality of life. Although countries such as Bhutan, Bangladesh, and Nepal are non-communist countries, they cannot be classified as truly capitalist countries because the major portion of their GNP is generated by government-owned and planned industries. To that extent, they are centrally planned economies and not market-oriented economies.

The correct measurement unit is the degree to which the government interferes with the market system, rather than the outward appearance of the economic system. If the above definition is used, more than half of those

countries classified into the capitalist group by the authors would be reclassified into centrally planned economies with potentially significant impact on the authors' findings.

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### Response from Cereseto and Waitzkin

We appreciate Dr. Zilberg's and Dr. Kwon's thoughtful criticisms of our study. The analysis of variance and multiple regression procedures in our study showed that both economic development (as measured by gross national product per capita, GNP/c) and political-economic system are strong predictors of physical quality of life (PQL). It is strange that Zilberg accepts the evidence of a strong statistical correlation between per capita national income and PQL, but that he does not accept the evidence of a strong statistical correlation between political-economic system and PQL.

We compared capitalist and socialist groups of countries at similar income levels in three categories: low-income, lower-middle-income, and upper-middle-income. Socialist countries showed more favorable PQL outcomes at each level. Zilberg finds faults with each of the three comparisons of capitalist and socialist countries, but his arguments do not substantiate his criticism. In the low-income category, the mean GNP/c for the capitalist group of countries was \$299; the GNP/c of China, the only socialist country in this category, was \$300, almost identical. Zilberg complains that 30 per cent of the low-income capitalist countries had incomes lower than that of China. This observation means that 70 per cent of the low-income capitalist countries had incomes higher than that of China—which Zilberg neglects to point out. Thus the capitalist countries should be superior to socialist China in PQL, but China's PQL scores are much higher than the mean PQL scores of the low-income capitalist countries.

In the lower-middle-income category, Zilberg complains that half of the capitalist countries had a GNP/c lower than the poorest socialist country in the category (Mongolia). This claim is incorrect. Only seven (one-fourth) had a GNP/c lower than Mongolia. Zilberg neglects to mention that seven capitalist countries in this category showed a higher GNP/c than the wealthiest socialist country.<sup>1,2</sup> Nor does he mention that the capitalist group of countries had a slightly higher mean GNP/c than the socialist group of countries (\$1080 and \$1040, respectively) which, if anything, again should give the capitalist countries a slight advantage.

In the upper-middle-income category, Zilberg implies that the two groups of countries were not comparable in income, even though their mean per capita incomes were very close (\$4018 and \$4129) and their range of incomes was quite similar (\$2140–7700 and \$2100–7180).<sup>1,2</sup> He states that three of the socialist countries in this category (Czechoslovakia, Hungary, and East Germany) were highly developed, industrialized countries before World War II, with a comparatively high standard of living. But according to Chenery and Syrquin,<sup>3</sup> World Bank experts on economic development, none of the socialist countries was fully developed and industrialized before World War II. The Federal Republic of Germany was developed and industrialized, but East Germany was the agricultural, rural, poorer part of the Re-

public. Zilberg fails to point out that relatively prosperous capitalist countries are also included in this category, e.g., Ireland, Spain, Italy, and New Zealand. New Zealand had the highest GNP/c in the world in 1938, the year before World War II began.<sup>4</sup>

We used the World Bank's data to group countries, based on GNP/c and adopted the United Nations' classification of countries as market economies or centrally planned economies. These categories derived from the careful work of internationally respected agencies.

Zilberg also argues that we did not consider other "extremely important factors," but the only other factors that he mentions in his critique are climate and geographic area. We know of no systematic research which indicates that either of these two factors affects PQL significantly if GNP/c and political-economic system are controlled. As we noted in our paper:

Regarding political-economic system, for example, the socialist countries span three continents, a variety of climatic and environmental conditions, genetic mixes, cultures, and forms of social organizations. Despite this great diversity, the fact that superior rates persist for socialist countries on all PQL variables except one at the lower three levels of economic development strengthens the probability that political-economic system is indeed a major determining factor.<sup>5</sup>

Dr. Kwon claims that "more than half" of the 100 countries we have

classified as capitalist would be classified instead as centrally planned economies if we used as the measurement unit "the degree to which the government interferes with the market system." Dr. Kwon does not cite a reference or other justification for this claim. The World Bank and the United Nations identify only 13 countries as centrally planned economies.<sup>5,6</sup> These are the countries that we have classified as socialist. We re-affirm the validity of this classification, as well as the favorable PQL outcomes that the socialist countries have achieved.

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## Family Health Foundation Receives Health Promotion Grant from Kellogg

The Family Health Foundation of America (FHFA) has received nearly a half million dollars from the W. K. Kellogg Foundation to improve the nation's health status by developing a system of information on health promotion for family physicians and other health care professionals. The \$405,575 grant will fund a two-part program:

- A Health Promotion Clearinghouse;
- A Health Education Lifetime Plan (HELP) newsletter.

The two-year project, which began in November 1986, will identify and evaluate patient education materials and provide health promotion/disease prevention knowledge needed by family physicians.

The Health Promotion Clearinghouse primarily will be a function of the FHFA Library, and will offer the following services:

- Location of health promotion materials on selected topics of special concern to family practice (determined by the needs assessment study);
- Evaluation of materials for use by family physicians and other providers;
- Computerized database of evaluated materials, with information on how to obtain them;
- Library reference service in health promotion (the major component of which will be to perform searches of these resources);
- Core lending library of materials on teaching methods in health education and promotion.

The Family Health Foundation of America is located at 1740 West 92nd Street, Kansas City, MO 64144.